

Form Status: Certified and Sent to USEPA
Validation Status: Passed w/ Data Quality Alerts

Form Approved OMB Number: 2025-0009

(IMPORTANT: Read instructions before completing form; type or use fill-and-print form)

Approval Expires:

Page 1 of 5

EPA United States Environmental Protection Agency		FORM R Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.		TRI Facility ID Number 60510FRMNTKIRKR	
				Toxic Chemical, Category, or Generic Name 1,2,4-Trimethylbenzene	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2013					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer questions 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)					
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.					
Name and official title of owner/operator or senior management official:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		60510FRMNTKIRKR	
Facility or Establishment Name U.S. DOE FERMILAB					
Street KIRK RD & PINE ST		Mailing Address (if different from physical street address) PO BOX 2000			
City/County/Tribes/State/ZIP Code BATAVIA / Kane / BIA Code: / IL / 605102000		City/State/ZIP Code BATAVIA / IL / 605102000		Country (Non-US)	
4.2 This report contains information for : (Important: check a or b; check c or d if applicable)		a. [X] An Entire facility		b. [] Part of a facility	
		c. [] A Federal facility		d. [X] GOCO	
4.3 Technical Contact name		Rick Hersemann		Email Address rick.hersemann@ch.doe.gov	
				Telephone Number (include area code) 6308404122	
4.4 Public Contact name		Rick Hersemann		Email Address rick.hersemann@ch.doe.gov	
				Telephone Number (include area code) 6308404122	
4.5 NAICS Code(s) (6 digits)		a. 541712 (Primary) b.		c. d. e. f.	
4.6 Dun and Bradstreet Number(s) (9 digits)		a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1 Name of U.S. Parent Company (for TRI Reporting purposes)		US DEPARTMENT OF ENERGY		No U.S. Parent Company (for TRI Reporting purposes) []	

NA [X]

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EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

60510FRMNTKIRKR

Toxic Chemical, Category, or Generic Name

1,2,4-Trimethylbenzene

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

95636

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

1,2,4-Trimethylbenzene

1.3 Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive).

NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.)

NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	3.2 Process the toxic chemical: a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	3.3 Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use
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SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 [04] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [X]		
5.2	Stack or point air emissions	NA [X]		
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [X]		
Stream or Water Body Name				
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA Form 9350-1 (Rev.) - Previous editions are obsolete.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)		TRI Facility ID Number	
		60510FRMNTKIRKR	
		Toxic Chemical, Category, or Generic Name	
		1,2,4-Trimethylbenzene	
SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)			
	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4.1	Underground Injection on-site to Class I wells	[X]	
5.4.2	Underground Injection on-site to Class II-V wells	[X]	
5.5	Disposal to land on-site		
5.5.1.A	RCRA subtitle C landfills	[X]	
5.5.1.B	Other landfills	[X]	
5.5.2	Land treatment/application farming	[X]	
5.5.3.A	RCRA Subtitle C surface impoundments	[X]	
5.5.3.B	Other surface impoundments	[X]	
5.5.4	Other disposal	[X]	
SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS			
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)			NA [X]

*For Dioxin and Dioxin-like Compounds, report in grams/year
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Page 4 of 5

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)					TRI Facility ID Number				
					60510FRMNTKIRKR				
					Toxic Chemical, Category, or Generic Name				
					1,2,4-Trimethylbenzene				
6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS									
[NA]									
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)					OHD000816629				
Off-Site Location Name:					SPRING GROVE RESOURCE RECOVERY				
Off-Site Address:					4879 SPRING GROVE AVENUE				
City	CINCINNATI	County	Hamilton	State	OH	Zip	452321938	Country (Non-US)	
Is location under control of reporting facility or parent company?								[] Yes [X] No	
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)				
1. 430			1. O		1. M92				
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY									
[X] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.									
a. General Waste Stream (Enter code)		b. Waste Treatment Method(s) Sequence (Enter 3- or 4-character code(s))			c. Waste Treatment Efficiency (Enter 2 character code)				

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*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)		TRI Facility ID Number 60510FRMNTKIRKR			
		Toxic Chemical, Category, or Generic Name 1,2,4-Trimethylbenzene			
SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES <input checked="" type="checkbox"/> NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category. Energy Recovery Methods [Enter 3-character code(s)]					
SECTION 7C. ON-SITE RECYCLING PROCESSES <input checked="" type="checkbox"/> NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category. Recycling Methods [Enter 3-character code(s)]					
SECTION 8. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES					
		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	NA	NA	NA
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	430	200	200
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	0			
8.9	Production ratio or activity index	NA			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA <input checked="" type="checkbox"/>			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			
8.10.1	NA				

TRI Facility ID Number

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Toxic Chemical, Category, or Generic Name

1,2,4-Trimethylbenzene

Additional optional information on source reduction, recycling, or pollution control activities.

Miscellaneous, additional, or optional information regarding the Form R submission

NPYF:Threshold not met for reporting year 2012.

